L24000250409 7

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2024 JUL 24 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GALLISA REALTY LLC

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T. LEMIEUX
JUL 25 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALLISA REALTY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENA GALLISA LOMBA
Name of Person

MERIDIAN TC REAL ESTATE GROUP LLC
Firm/Company

1210 E OSCEOLA PWKY SUITE 301
Address

KISSIMMEE, FL 34744
City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GALLISA REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/16/2020 and assigned Florida document number L20000024087.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GALL PRO CONSULTING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5165 CARSON STREET
SAINT CLOUD, FL 34771

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5165 CARSON STREET
SAINT CLOUD, FL 34771

FILED
2024 JUL 24 P 2:39
SECRETARY OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JOSHUA GUTIERREZ

New Registered Office Address: 5165 CARSON STREET
Enter Florida street address

SAINT CLOUD, Florida 34771
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Joshua Rodriguez

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	GALLISA LOMBA, LORENA	5165 CARSON STREET	☐ Add
		SAINT CLOUD, FL 34771	■ Remove
			☐ Change
MGR	GUTIERREZ, JOSHUA	5165 CARSON STREET	■ Add
		SAINT CLOUD, FL 34771	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 24, 2024

Lorena Gallisa

Signature of a member or authorized representative of a member

LORENA GALLISA

Typed or printed name of signee

Filing Fee: $25.00